



# The Palmer & Jane D. Davenport Foundation

20 North Main Street

South Yarmouth, MA 02664

(508) 398-2293

## GRANT APPLICATION

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email: \_\_\_\_\_

Amount Sought: \$ \_\_\_\_\_ By (date): \_\_\_\_\_

Name of Project: \_\_\_\_\_

Briefly explain the purpose of funding (150 words or less):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other funding requested for the project:

Source

Amount

Outstanding/Received